



ENHANCED SKILLS TRAINING APPLICATION

NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF EMERGENCY MEDICAL SERVICES
600 E. Boulevard Ave Dept 301
Bismarck, ND 58505-0200
Telephone (701) 328 - 2388 / Fax (701) 328-1890
SFN 53353 (9-03), (12/05)



INSTRUCTIONS: Type or print clearly. ***To be completed by course coordinator and return to Division of Emergency Medical Services at least 2 weeks prior to beginning of the course.***
Keep a copy for your records.

TYPE OF TRAINING

Check One Only	<input type="checkbox"/> Multi-Lumen Airway	<input type="checkbox"/> Nebulized Medications	<input type="checkbox"/> IV Maintenance	<input type="checkbox"/> Dextrose 50%
	<input type="checkbox"/> Manual Defibrillation	<input type="checkbox"/> Epinephrine	<input type="checkbox"/> Air Medical	
Number of Students/Initial		Number of Students / Refresher		Date(s) of Training

COURSE INFORMATION

Location of Course:		
Address:		
City:	State:	Zip:
For: (Name of EMS Service)		
Course Coordinator:		State ID Number:
Address:		
City:	State:	Zip:
Home Phone:	Work Phone:	Cell:
Email:		
Primary Instructor:		State ID Number:
Medical Director: (For this course)		

THE INDIVIDUAL LISTED AS COURSE COORDINATOR WILL RECEIVE ALL NECESSARY PAPERWORK TO CONDUCT THIS COURSE.

DEMS USE ONLY